

Breastfeeding Your Little One

Published by:



Obstetrical and Gynaecological
Society of Malaysia



National Midwives' Society
Malaysia



Nutrition Society of
Malaysia



Malaysian Paediatric
Association

Breast Milk – Baby’s Miracle Food

NO GREATER LOVE THAN FROM A MOTHER

– Babies need to hear your heartbeat, feel your warmth and have close physical contact with you. No activity can meet all these needs as wonderfully and completely as breastfeeding!

Often, new mothers are anxious and less confident about initiating breastfeeding, or not sure if they are doing it right and if their baby is getting enough milk. Read on to find out the proper techniques of breastfeeding your newborn, the benefits, common problems that may arise, as well as some tips on breastfeeding for working mums.

Exclusive six months

According to the World Health Organisation (WHO), babies should be **fed exclusively on breast milk** until they reach **six months of age**. This will help them achieve optimal growth, development and health.

After this, it is best to continue breastfeeding until the age of two years or beyond, in addition to feeding nutritionally adequate and safe complementary foods.

The Many Benefits of Breastfeeding

Breastfeeding benefits are not just limited to your newborn baby; instead, you have tons to gain from it too!

Benefits for baby:

- Breast milk contains all the essential nutrients that your baby needs in the right proportions and consistency.
- It is easily digested, making it easier for nutrients to be absorbed. Compared with formula-fed babies, babies on breast milk have a better stool pattern.
- Breast-fed babies are less prone to acute and/or chronic infection in the early part of their infant life.
- Breastfeeding helps you bond with baby in an effective and meaningful way.
- The best part – breast milk is free, and comes pre-warmed!

Bonding With Baby

Every breastfeeding session is a meaningful experience emotionally, for you and baby.

Benefits for you:

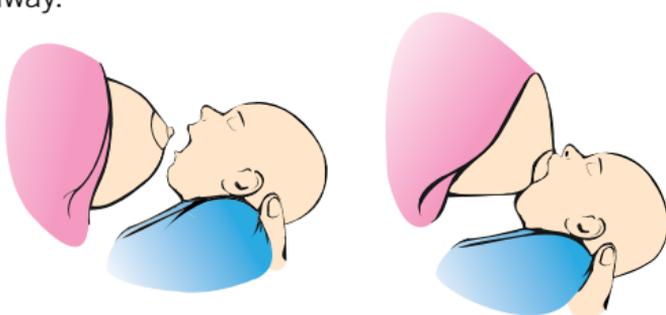
- Helps you get back your figure – breastfeeding burns up fat stored during pregnancy!
- Protects against cancers of the breast and ovary.
- Reduces likelihood of osteoporosis and heart disease.
- Aids in natural spacing between each child, as breastfeeding causes a slower return of menses.
- Hassle free – breastfeeding is convenient, available whenever, wherever, and is completely free of charge!



Breastfeeding for Mommies From Latching-On to Burping

Step 1: Latching on correctly

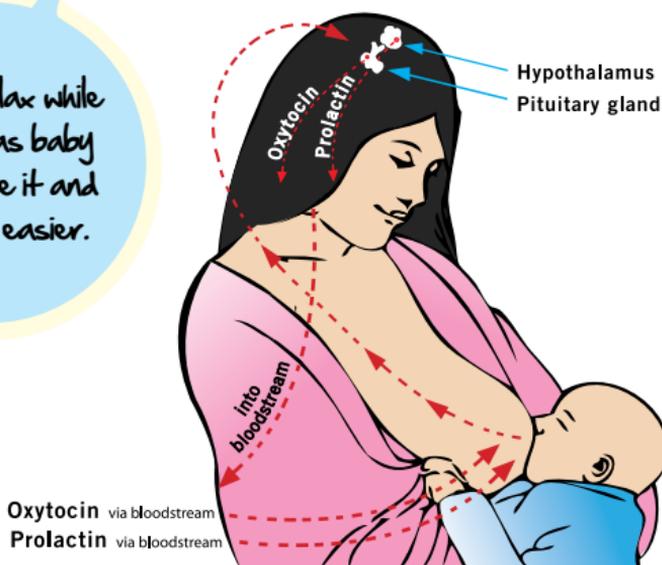
- Brush baby's lips against the nipple lightly, until he opens his mouth.
- Make sure baby takes in as much of the areola (brown area) as possible.
- Jaw movements and gulping sounds ensure that he has latched-on properly.
- Baby will stop feeding when full; if he still latches on after breast is emptied, gently break the suction by inserting the tip of your little finger into his mouth and gently pulling him away.



Step 2: Let-down reflex

- If you feel a tingling sensation that signifies a warm rush of milk soon after baby has latched on, this is known as a let-down reflex.
- Some mothers may not experience this due to distractions, lack of privacy, embarrassment or anxiety about breastfeeding, fatigue, or pain.

Try to relax while feeding as baby can sense it and will feed easier.



Step 3: Choose a comfortable position

Choose a position that is comfortable for both you and your baby, which may include:

Position 1: The “Cradle Hold”

- This position allows baby to be tummy-to-tummy with you, so that he does not need to turn his head to latch on.
- Baby’s head rests in the crook of your elbow, while your arm supports baby’s back and bottom.
- Baby’s arms are at his sides.



*In position 1 & 2,
always sit with your
back well-supported.*

Position 2: The “Football Hold”

- This position is ideal for those who are large-breasted, are recovering from a Caesarean, nursing premature or small babies, or twins and wish to feed them at the same time.
- Support baby’s head with your hand and his back with a pillow.



Position 3: Lying down

- If you’re really tired, or recovering from a Caesarean section, this would be the best position.



Step 4: Burp baby

After each feed

- Put baby against your shoulder
- Rub or pat his back. After 30 seconds, if baby does not burp, he probably does not need to. Keep napkin handy!

Breastfeeding But It's Almost Time to Get Back to Work?

With a little advance planning, you can do that while fulfilling your work obligations. Make sure that you plan ahead of time, and in the weeks before returning to work, practise frequent and exclusive breastfeeding – that is, no other liquids and foods for your little one!

- Get to know your baby's caregivers, and discuss how and when baby should be fed.
- Expressed milk can be given using a cup, spoon, or feeder cup, instead of a bottle to avoid nipple confusion.
- Start storing milk at least two weeks before you go back to work.

Time to think about expressing your breast milk in order to feed baby while you're not home.

Expressing milk

There are generally two ways in which you could express milk, through hand, or by pump (manual/electric).

- By hand – Position your thumb and first two fingers about 1-1.5 inches from the nipple and gently squeeze this area. Release the pressure and repeat continuously, avoiding sliding your fingers over the skin. Milk should start to flow, and if it doesn't, try massaging the breast, or moving your fingers slightly nearer or further away from the nipple. Repeat on other breast when the flow starts to slow down and continue until the milk stops or drips very slowly.
- Using a breast pump – These work on the principle of creating a vacuum, which sucks out the milk. Be careful that the funnel of the pump is not too small for your nipples, and for electric pumps, suction that is too strong could damage your nipples.

Remember, do wash your hands, containers, bottles and pump pieces thoroughly before you start. Also, it is important to relax, as tension may inhibit the milk ejection reflex.



Storing Your Breast Milk

Always practise good hygiene and wash your hands thoroughly before expressing and storing your breast milk. Store milk in amounts equal to what baby takes at one feeding. Also, consider storing smaller sized portions, eg 30 ml, for unexpected situations.

You can combine breast milk expressed throughout the day to get the desired volume, however, don't add warm milk to frozen milk, as this will partially thaw the frozen milk. Instead, chill the newly expressed milk for at least an hour, before adding it to the frozen portion.



- Label each container with date, time and amount.
- Always keep milk in the coldest part of the refrigerator or freezer.



Hard-sided or plastic bags?

There are two options from which you can choose to store your milk: Hard-sided containers, and plastic bags (made specifically for breast milk). Hard-sided containers are made from hard plastic or glass, and are better for long-term human milk storage. Plastic bags on the other hand, are best used for short-term purposes as they may spill, leak, or become more easily contaminated.

Warming milk for baby



Here are a few tips to take note of when thawing your breast milk for baby:

- Use the milk dated earliest first.
- Thaw the milk either by placing the frozen milk in the refrigerator the night before, or by placing the container in some warm water. Be careful not to let the water touch the mouth of the container.
- NEVER use a microwave or direct heat appliances to warm the milk.
- Thawed milk can be stored in the refrigerator for up to 24 hours.
- Swirl the container gently (do not stir) to mix the milk and spread the heat evenly.
- Do not re-freeze milk that has been thawed, and any milk left in the feeder bottle after feeding should be discarded.

Do not stop breastfeeding even if baby is getting expressed milk!



How long breast milk keeps?	
Temperature	Duration of storage
a) Room temperature	Up to 8 hours
b) Refrigerator	24–48 hours
c) Freezer (two-door)	3 months
d) Deep freezer (-20°C)	1 year

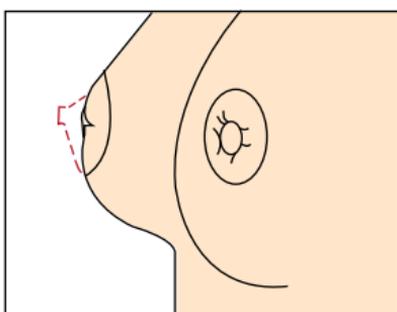
Help! Why Is My Breastfeeding Experience So Rocky?

Do not be discouraged if you find breastfeeding a little tough! Some mothers may experience various trouble with breastfeeding, which could cause problems or discomfort if left unaddressed.

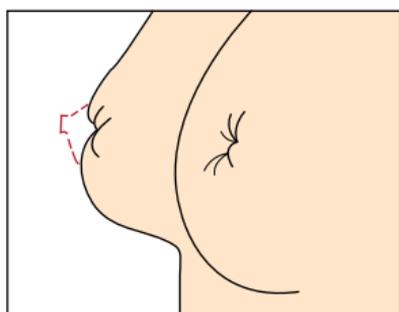
Insufficient milk production:

- Caused by improper latching, the shape of your nipples (flat/inverted may influence whether your baby latches on properly), or sore nipples, which may inhibit let-down reflex. Infrequent feedings or stress may also contribute to this problem.

Nipple Retraction



Nipple Inversion



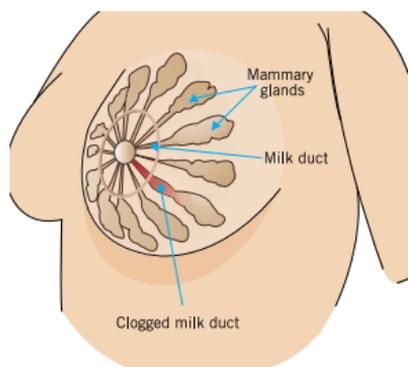
- Manage this by making sure that you take in a well-balanced diet, breastfeed frequently to stimulate milk production, try to breastfeed at night when prolactin levels are high, and to manually express milk for a short time after each feeding. Don't forget to relax while breastfeeding!

Engorgement:

- Breast may look shiny, painful, feel firm-to-hard and warm to touch, nipples appear flat and may be sore or cracked, and let-down may be painful. Some mums may even have a slight fever.
- Caused by poor attachment, infrequent feeding, limited or short feeding, as well as ineffective suckling.
- Manage this by applying a warm compress to the breast before feeding, and gently press out the milk; allow baby to finish first breast before offering the second one. Frequent, unrestricted feeding day and night should be encouraged.

Blocked milk ducts:

- A lump in the breast, with a tender, red patch on the skin – the tissue around the duct is swollen, painful and presses on the duct. The duct gets blocked only a few weeks/ months after this, and you would often notice a small, white spot at the end of the nipple. This means that the duct has become blocked by skin cells growing over it.
- Happens when the breast is not emptied effectively, causing the remaining milk to be eventually forced out into the surrounding tissues – results in inflammation.
- Manage this by massaging the affected area before and during feeding or expressing. Removing all pressure as well as avoid sleeping in a prone position, tight bras, belts that cross the breasts and nipples compression.



Sore & damaged nipples:

- Caused by incorrect position and attachment, engorgement, candida in mother/baby, trauma when removing baby from breast incorrectly, or incorrect use of pumps/hand expression.
- Results in discomfort, itching, and/or burning at the nipples, rashes, redness, and persistent deep breast pain after feeding.
- Manage this by applying a warm compress to stimulate milk flow before each feed, avoid using alcohol, soap, oil, or ointment on the nipples, and begin each feed with the less sore breast. You can also apply expressed hindmilk to the nipple and air dry.

Mastitis:

- Could be caused by bacteria in baby's mouth, which may enter through small cracks in the nipple.
- Results in pain, swelling, redness, and an increased temperature of the breast, fever and chills.
- See your doctor to treat the infection. Express milk from the infected breast and discard milk.

Got Milk?

Combatting false notions & how to breastfeed successfully!

Wear supportive bras throughout pregnancy and breastfeeding - breastfeeding will NOT cause your breasts to sag!

Initial breast tenderness is common - persist on, as this discomfort disappears after a few days. If it persists, check if baby has latched-on your nipple and areola correctly.

Night Time Feeds

It is normal for baby to want feeding once or twice during the night. During night time feeds, it is best to leave the lights off. By four months, baby should be sleeping at a longer stretch without waking up during the night.

Encourage breastfeeding on demand - usually about every 1 1/2 to 3 hours. There should be no restrictions on frequency or length of breast-feeds.

Breaking the suction - Never pull the nipple away from the baby's mouth. Instead, slip your little finger between the baby's jaws for this purpose.

Avoid nipple confusion - Give no artificial teats or dummies to breastfeeding infants.

Ensuring steady supply of breast milk - Continue expressing breast milk throughout the day. When at work or at public areas, find a private area where you can express the milk.

Drink more plain water - Breastfeeding can really dehydrate you, considering baby's milk is produced by your own body. Always keep a drink handy!

If baby is using your nipple as a teething ring - remove baby gently and stop feeding. Tell baby firmly why you are removing the breast.



Programme Owners:

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The Mi-CARE programme, a wholly Experts' based initiative, is spearheaded by the following Professional Bodies: Obstetrical and Gynaecological Society of Malaysia (OGSM), Nutrition Society of Malaysia (NSM), National Midwives' Society Malaysia (NMSM) and Malaysian Paediatric Association (MPA). This programme is a training and education programme for nurses, nurse aides and midwives from private and government O&G, paediatric clinics and maternity centres, empowering them with relevant information on pregnancy, labour, birth and post-partum care so that they can provide accurate information and advice to expectant or new mothers.

Have any questions or concerns on your pregnancy?
Need professional advice on your
health whilst pregnant?

Fret not, the Mi-CARE Advisory Centre is here to help!

CALL OUR TOLL-FREE

1-800-88-9033

(Mon – Fri: 10.00am to 5.00pm)

Mi-CARE Secretariat:

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